

BOARD USE ONLY
CK or MO # _____
Date CK/MO _____
Rec'd \$ _____
R# _____
Posted by _____
APP Processed by _____
APP Reviewed by _____

Fee \$25

NAME OF SCHOOL			
PERMANENT LICENSE NUMBER FOR THIS SCHOOL (as listed on annual license)			
CITY/TOWN WHERE TRAINING WILL BE OFFERED			
STREET ADDRESS WHERE PROGRAM WILL BE HELD			
PROPOSED START DATE		PROPOSED END DATE	

[illegible]

Under penalty of perjury, I declare and affirm that the statements made on this form are true, complete, and accurate. I understand that the location of the license shall not be moved without at least a 24-hour notice to the Board. I further understand that Board notification shall be considered made upon receipt of this form and the appropriate fee.

Printed Name of Official		Title	
Signature of Official (Sign in Blue Ink)		Date	